



Iowa  
**Retirement Investors' Club (RIC)**  
*Look forward to retirement!*

# Region XII Regional Housing Authority RIC Account Form

**Personal Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI Existing accounts need last 4 digits only

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

**457 Payroll Deduction Election**

The minimum contribution amount is \$25/month. The combined amount of all 457 pretax and Roth contributions in a tax year is limited to the IRS annually declared maximum contribution limits (see <https://das.iowa.gov/RIC/PSE/contributions>).

Provider (choose one)  Empower\*  Voya

<p><b>Recurring deductions:</b>                  Payroll frequency is 26 checks/year (27 if applicable)</p> <p>Pretax \$ _____/check</p> <p>Roth \$ _____/check</p>	<p><b>Effective date:</b>                  Changes affect the 1st available check of the month following receipt of this form unless a future effective date is indicated.</p> <p>Future effective date (if desired) Begin as of _____ Date</p>	<p><input type="checkbox"/> <b>Stop deductions</b>                  Effective with next paycheck</p>
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**Provider Transfer Request**  
*Account must be established with receiving provider.*

Transfer:  100%  Amount \$ \_\_\_\_\_

**From:**  Empower\*  Voya  
**To:**  Empower\*  Voya

Make check payable to: \_\_\_\_\_  
 FBO: Participant, Plan #: \_\_\_\_\_

Mail to: \_\_\_\_\_

RIC administrator signature: X \_\_\_\_\_ Date

**Participant Signature**

I authorize my employer to process these requests. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established 457 and 401a accounts with a RIC provider. I understand that the total of all 457 contributions made in the calendar year must not exceed the federal limits as required by the Internal Revenue Code section 457. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

X \_\_\_\_\_  
Participant Signature Date

**Form Submission**

**New accounts:** *Provider account forms: Forward to the provider*  
*RIC Account Form: Forward to your payroll office (shown below)*

**Existing account changes:** *RIC Account Form: Forward to your payroll office (shown below)*

**Agent Use Only (Not required, but preferred)**

I am authorized to open accounts for this employee and verify that the participant has established 457/401a accounts with the provider shown below.

Print Agent Name \_\_\_\_\_ Agent Signature \_\_\_\_\_ Agent Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Received by RIC	Payroll Office	RIC Use Only
	Date Received: _____	Date Pended: _____
	Paycheck Effective Date: _____	Entered: _____
	Name: _____	Checked: _____



Visit the RIC website at <https://das.iowa.gov/RIC/PSE> for full program details; select *Your Plan Details* from the left menu to access the *RIC At-A-Glance* and plan options specific to your employer's 457/401a plans.

\* Empower – formerly MassMutual Retirement

